## City of San Diego
## Crossroads Redevelopment Project Area
## Project Area Committee Election

## CANDIDATES REGISTRATION FORM
(Please Print and Check Appropriate Boxes)

To the City Council of the City of San Diego: I, _____, volunteer to run for election to the Project Area Committee for the Crossroads Project Area Committee. I certify that I am at least 18 years of age and reside or have an interest within the selected boundaries of the Crossroads Redevelopment Project Area, I am eligible to be a candidate and seek to be elected as a representative in the following category (check one):

I desire to be elected as a representative for the following interest category **(check one)**:

    [  ]     Residential Owner-Occupant, College and City Heights Area
    [  ]     Residential Owner-Occupant, Eastern Area
    [  ]     Business/Property Owner, Northern
    [  ]     Business/Property Owner, Southern
    [  ]     Community Organization, At Large

I certify that within the boundaries of the Crossroads Project Area:

[  ]    I am a **Residential Owner-Occupant** living in the property located at _____
_____
     My home phone is _____
     My business phone & fax are _____
     My contact email address _____


[  ]    I am a **Property Owner** whose name and address is _____
_____
     My contact address is _____
     My home phone is _____
     My business phone is _____
     My contact email address is _____


[  ]    I am a **Business Owner**, whose business name is _____
and my business has been in existence for **two years** or more (___initial), prior to the PAC election and my business address is _____
     My home address is _____
     My home phone is _____
     My business phone is _____

My contact email address is _____

[  ]    I am a representative of a **Community Organization**, named _____,

which serves the Project Area and has been in existence for **two years** or more

(___initial), prior to the PAC election for which I am a candidate.

My home address is _____

My home phone is _____

My business phone is _____

My contact email address is _____

My prior experience in community affairs and/or my other qualifications to serve on the

Crossroads Project Area Committee are as follows (attach additional sheet if necessary):

_____

_____

_____

_____

_____

_____


_____          _____

        Signature of Candidate                                    Date


This form may be emailed or faxed to Tracy Reed treed@sandiego.gov or 619.533-3219, but
must be received by 4:30 p.m. Friday, June 21, 2007.

-------------------------------------------------- *Do Not Write Below This Line* -------------------------------
*--*
*Proof provided & acceptable per Crossroads PAC Procedures:*
[  ] Driver's License or Photo ID checked.


Proof of Eligibility: _____

Date: _____          Staff Certification: _____